

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

State: Nebraska

ATTACHMENT 2.2-A
Page 18
OMB NO.: 0938-

Agency* Citation(s)

Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

- | | | |
|----------|-----|---|
| <u>X</u> | (4) | Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI. |
| <u>X</u> | (5) | Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI. |
| <u>X</u> | (6) | Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI. |
| — | (7) | Individuals receiving federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230. |
| <u>X</u> | (8) | Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230. |
| <u>X</u> | (9) | Individuals in additional classifications approved by the Secretary as follows: |
| | | Board and Room |
| | | Adult Family |
| | | Residential Care Facility |
| | | Group Home for Children or Child |
| | | Caring Agency |
| | | Center for the Developmentally Disabled |

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AUGUST 1991

ATTACHMENT 2.2-A
Page 18a
OMB NO.: 0938-

State: Nebraska

Agency*	Citation(s)	Groups Covered
---------	-------------	----------------

B. Optional Groups Other Than the Medically Needy
(Continued)

The supplement varies in income standard by political subdivisions according to cost-of-living differences.

 Yes

 X No

The standards for optional State supplementary payments are listed in Supplement 6 of ATTACHMENT 2.6-A.

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(BPD)

ATTACHMENT 2.2-A

Page 20

OMB NO.: 0938-

State: Nebraska

Agency* Citation(s)

Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

1902(e)(3)
of the Act

☒

13. Certain disabled children age 18 or under who are living at home, who would be eligible for Medicaid under the plan if they were in a medical institution, and for whom the State has made a determination as required under section 1902(e)(3)(B) of the Act.

* See Below

Supplement 3 to ATTACHMENT 2.2-A describes the method that is used to determine the cost effectiveness of caring for this group of disabled children at home.

1902(a)(10)
(A)(ii)(IX)
and 1902(1)
of the Act

☐

14. The following individuals who are not mandatory categorically needy whose income does not exceed the income level (established at an amount above the mandatory level and not more than 185 percent of the Federal poverty income level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size, including the woman and unborn child or infant and who meet the resource standards specified in Supplement 2 to ATTACHMENT 2.6-A:

- a. Women during pregnancy (and during the 60-day period beginning on the last day of pregnancy); and
- b. Infants under one year of age.

* Certain disabled children are those 18 and younger who meet the definition of clients with special needs: ventilator-dependent, pulmonary, and/or special needs.

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ATTACHMENT 2.2-A
Page 21
OMB NO.: 0938-

State: Nebraska

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

1902(a) ☒
(10)(A)
(11)(IX)
and 1902(1)(1)
(D) of the Act

15. The following individuals who are not mandatory categorically needy, who have income that does not exceed the income level (established at an amount up to 100 percent of the Federal poverty level) specified in Supplement 1 of ATTACHMENT 2.6-A for a family of the same size.

Children who are born after September 30, 1983 and who have attained 6 years of age but have not attained--

☒ 7 years of age; or

☒ 8 years of age.

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ATTACHMENT 2.2-A
Page 22
OMB NO.: 0938-

State: Nebraska

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

1902(a)(10)(A) /X/
(ii)(X)
and 1902(m)
(1) and (3)
of the Act

16. Individuals--

- a. Who are 65 years of age or older or are disabled, as determined under section 1614(a)(3) of the Act. Both aged and disabled individuals are covered under this eligibility group.
- b. Whose income does not exceed the income level (established at an amount up to 100 percent of the Federal income poverty level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size; and
- c. Whose resources do not exceed the maximum amount allowed under SSI; under the State's more restrictive financial criteria; or under the State's medically needy program as specified in ATTACHMENT 2.6-A.

This includes those individuals who would be covered as Qualified Medicare Beneficiaries under Section 301 of P. L. 100-360.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)

Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

1902(a)(47)
and 1920 of
the Act

- X 17. Pregnant women who are determined by a "qualified provider" (as defined in §1920(b)(2) of the Act) based on preliminary information, to meet the highest applicable income criteria specified in this plan under ATTACHMENT 2.6-A and are therefore determined to be presumptively eligible during a presumptive eligibility period in accordance with §1920 of the Act.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)

Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

1906 of the Act

18. Individuals required to enroll in cost-effective employer-based group health plan remain eligible for a minimum enrollment period of 0 months.

1902(a)(10)(F) and
1902(u)(1) of the Act

19. Individuals entitled to elect COBRA continuation coverage and whose income as determined under Section 1612 of the Act for purposes of the SSI program, is no more than 100 percent of the Federal poverty level, whose resources are no more than twice the SSI resource limit for an individual, and for whom the State determines that the cost of COBRA premiums is likely to be less than the Medicaid expenditures for an equivalent set of services. See Supplement 11 to Attachment 2.6-A.

1902(a)(10)(A)

- X 20. Optional Targeted Low Income Children who:
- a. are not eligible for Medicaid under any other optional or mandatory eligibility group or eligible as medically needy (without spenddown liability);
 - b. would not be eligible for Medicaid under the policies in the State's Medicaid plan as in effect on April 15, 1997 (other than because of the age expansion provided for in 1902(l)(2)(D));

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OCT 29 1998
Approval Date _____ Effective Date AUG 01 1990

TN No. MS-91-29

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)

Groups Covered

c. are not covered under a group health plan or other group health insurance (as such terms are defined in 2791 of the Public Health Service Act coverage) other than under a health insurance program in operation before July 1, 1997 offered by a State which receives no Federal funds for the program;

d. have family income at or below:

185% of the Federal poverty level for the size family involved, as revised annually in the Federal Register; or

A percentage of the Federal poverty level, which is in excess of the "Medicaid applicable income level" (as defined in 2110(b)(4) of the Act) but by no more than 50 percentage points.

The State covers:

X All children described above who are under 19 with family income at or below 185 percent of the Federal poverty level.

 The following reasonable classifications of children described above who are under age with family income at or below the percent of the Federal poverty level specified for the classification:

1902(e)(12)
of the Act

X 21. A child under age 19 who has been determined eligible is deemed to be eligible for a total of 12 months regardless of changes in circumstances other than attainment of the maximum age stated above.

TN No. MS-98-5

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TN No. (New Page)

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October 1991

(MB)

ATTACHMENT 2.2-A
Page 23c

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)	Groups Covered
1902A of the Act	<input checked="" type="checkbox"/> 22. Children under age 19 who are determined by a "qualified entity" (as defined in 1920A(b)(3)(A)) based on preliminary information, to meet the highest applicable income criteria specified in this plan. The presumptive period begins on the day that the determination is made. If an application for Medicaid is filed on the child's behalf by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on the day that the State agency makes a determination of eligibility based on that application. If an application is not filed on the child's behalf by the last day of the month following the month the determination of presumptive eligibility was made, the presumptive period ends on that last day.
1902(a)(10)(A)	<input checked="" type="checkbox"/> 23. Working disabled individuals whose net family income is below 250 percent of the Federal poverty level for a family of the size involved and who, except for earned income meet all criteria for receiving benefits under the SSI program. See page 12c of Attachment 2.6-A.

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ATTACHMENT 2.2-A
Page 24
OMB NO.: 0938-

State: Nebraska

Agency*	Citation(s)	Groups Covered
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C. Optional Coverage of the Medically Needy

42 CFR 435.301 This plan includes the medically needy.

☐ No.

☒ Yes. This plan covers:

1902(e) of the
Act

1. Pregnant women who, except for income and/or resources, would be eligible as categorically needy under title XIX of the Act.
2. Women who, while pregnant, were eligible for and have applied for Medicaid and receive Medicaid as medically needy under the approved State plan on the date the pregnancy ends. These women continue to be eligible, as though they were pregnant, for all pregnancy-related and postpartum services under the plan for a 60-day period, beginning with the date the pregnancy ends, and any remaining days in the month in which the 60th day falls.

1902(a)(10)
(C)(ii)(I)
of the Act

3. Individuals under age 18 who, but for income and/or resources, would be eligible under section 1902(a)(10)(A)(i) of the Act.

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